

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH**  
**OFFICE OF DRUG CONTROL POLICY**  
**TREATMENT TECHNICAL ADVISORY # 7**

**SUBJECT:** Peer Recovery/Recovery Support Services

**ISSUED:** March 17, 2008

**PURPOSE:**

The purpose of this technical advisory (TA) is to issue guidance to the publicly funded substance abuse system regarding the development of peer recovery/recovery support services.

**SCOPE:**

This TA impacts coordinating agencies (CAs) and the provider network that is funded by Michigan Department of Community Health, Office of Drug Control Policy (MDCH/ODCP).

**BACKGROUND:**

The Michigan Department of Community Health, Office of Drug Control Policy (MDCH/ODCP) formed a workgroup in January 2007, for the purpose of developing standards and implementation guidelines for the new licensing category: Peer Recovery/Recovery Support Services. The administrative rules for substance abuse programs were revised July 2006, to recognize peer recovery and recovery support as an expansion of the existing licensing categories that cover treatment and prevention services in Michigan. This program category was intended to recognize and thereby permit recovery support programs for persons with substance use disorders in Michigan. This licensing category was developed to allow programs to provide services to assist individuals in the process of recovery through program models such as using peers and other professionals in a community setting and providing a location or other supports for activities of the recovering community. Peer recovery and recovery support programs, are designed to include prevention strategies and support services to attain and maintain recovery and prevent relapse.

As defined in the administrative rules:

Peer recovery and recovery support means recovery support programs that are designed to support and promote recovery and prevent relapse through supportive services that result in the knowledge and skills necessary for an individual's recovery. Peer recovery programs are designed and delivered primarily by individuals in recovery and offer social emotional and/or educational supportive services to help prevent relapse and promote recovery.

Peer recovery programs must be licensed under the appropriate treatment setting for this service category. This activity must occur in the context of an existing licensed substance abuse program and does not require distinct licensure. The service category licensure threshold is:

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- 1) Must meet the threshold of a 'program';
- 2) Must be identifiable and distinct within the agency's service configuration; and
- 3) The agency offers or purports to offer the service (program) category as a distinct service.

It should be noted that recovery support services might be provided in other programs as part of a treatment plan. In this situation, separate category licensure is not required as this is considered an activity within the program and not a separate service. A clinician or substance abuse treatment specialist provides the recovery support services. The use of a recovery coach to provide the services is not required.

The workgroup began by reviewing the values that the Substance Abuse and Mental Health Services Administration (SAMHSA) had developed for their Recovery Community Services Program. The group revised the SAMHSA-developed values for use in Michigan as the guiding principles for developing, implementing and providing recovery support services. These values are as follows:

- **Recovery** – The goal of recovery support services is to help individuals reclaim a healthy level of life functioning across a variety of areas: self, family and community.
- **Inclusion** – Recovery support services are for all individuals with a substance use disorder at any stage of recovery.
- **Authenticity** – Recovery support services need to be defined by those who are in recovery.
- **Culture** – Recovery support services must be provided in a culturally appropriate and welcoming environment.

This advisory describes two distinct modalities of peer recovery support services that can be developed or utilized within a region. One method is not preferred over the other and allows for decisions at the local level to determine what modality will be most beneficial in each region. ODCP recognizes that there may be other models that better meet the needs of the local community, this advisory does not limit the CAs ability to implement such a model so long as alternative models reflect national best practice and/or are monitored and evaluated to determine their effectiveness.

### Definitions

**Peer** – An individual who has shared similar experiences of addiction and recovery.

**Peer-to-peer services** – Recovery support services that are provided when a relationship is formed between two individuals that prevent relapse and promote recovery. Generally, peers have a shared challenge and/or intention (addiction and recovery) and shared similar experiences that foster mutual support.

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**Recovery center** – Location in which recovery programming is designed and delivered, primarily by individuals in recovery, and house services that offer social, emotional and/or educational support to help prevent relapse and promote recovery.

**Recovery support services** – Services designed to promote recovery and prevent relapse by providing knowledge and assisting in the individual's development of skills necessary for an individual's recovery.

**Recovery** – A voluntarily maintained lifestyle comprised of sobriety, personal health and socially responsible living.

**Recovery coach** – The position title given to a peer that provides recovery support services to individuals in formal treatment or during the post-treatment period. *(This position has also been referred to as a Peer Support Specialist.)*

**Recovery expertise** – Knowledge and awareness of recovery and the recovery process gained through personal life experience, allowing for expertise of these matters not held by someone who has not shared similar experiences.

**Recovery services plan** – This plan specifies the actions to be taken to address and overcome identified problems in preventing relapse and maintaining recovery by building on the individual's strengths and addressing any deficits.

**Relapse prevention** – A systematic method of teaching recovering individuals to recognize and manage relapse-warning signs. Relapse prevention includes teaching the individual about the relapse process and how to manage it, as well as identifying the problems and situations that may cause a relapse (triggers).

**Stable recovery** – An individual in stable recovery has little or no involvement with a treatment professional but may still be involved in community support services.

### RECOMMENDATIONS:

A recovery model of addiction treatment shifts the focus of care from professional-centered episodes of acute symptom stabilization provided in formal treatment settings toward the client-directed management of long-term recovery provided in less formal community settings. The recovery model looks at a continuum of services that covers the whole formal treatment process and extends into the post treatment period.

Interventions in a recovery model may include services during any of the three stages of recovery: pre-treatment, in-treatment and post-treatment. The services during each stage are expected to target the needs of the individual with the goal of attaining and maintaining a state of recovery.

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Pre-treatment support services enhance readiness for treatment and recovery. During this stage, services center on motivation for change and increasing the individual's readiness for treatment services. These services help with engaging the individual in treatment. Outreach is one example of pre-treatment activities.

In-treatment recovery support services help to remove obstacles to recovery and shift focus of treatment from acute stabilization to support for long-term recovery maintenance. Examples of these services are transportation and assistance with obtaining basic needs.

Post-treatment recovery support services enhance the quality of recovery, through emotional support, informational support, instrumental support and affiliation support. (A description of these services is in the recovery center model below.)

With the limited resources available for substance abuse treatment, it is good business practice to provide services to individuals during treatment that strengthen the likelihood of attaining long-term stable recovery. The goal is for individuals to develop skills for recovery and, if necessary, to seek services earlier, with a lower intensity level if recovery is jeopardized or relapse occurs.

### Recovery Coach

The role of a recovery coach is to support individuals working on recovery both in the treatment center and in their natural environments. This includes providing services that remove the barriers and support a recovery lifestyle in the home and social networks of the person. They focus on helping the individual develop a life of self-sustained recovery within their family and community. Recovery coaches can work with an individual one-on-one or in groups providing education or other types of group support (e.g., after-care support groups).

Services that recovery coaches provide are designed to support the clinical work that is being done or has been done with a client. Recovery coaches do not diagnose or provide clinical treatment. However, they may work closely with the clinician to link the individual with community resources. In some ways, recovery coaches may act in a similar capacity as a case manager by assisting the individual in obtaining housing, employment or child care issues, as well as providing transportation to appointments, supervising visitation with children in out-of-home placement or introducing the individual to the recovery community. In situations where a client has significant functional deficits and requires close monitoring to ensure follow-through, case management services would initially be more appropriate to ensure success and maintain the close link with clinical services.

Recovery coaches are not voluntary service providers such as those affiliated with twelve-step programs. They do not sponsor the individual or advocate for that individual to participate in a specific recovery program, rather they assist the individual with resolving issues that impede the recovery process and look at client specific needs that will support recovery. Recovery coaches must be employed by a substance abuse program that has a license for peer recovery/recovery support services.

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### **Staff qualifications**

A recovery coach must meet the following minimum requirements:

- Must be a peer in recovery.
- High school diploma or equivalent recommended.
- Stable recovery.
  - Each program must have written policies and procedures defining stable recovery.
  - Must be actively working in a recovery program (e.g., twelve-step, church/spiritual, other recovery support group).
- Interpersonal skills.
  - Communication skills.
  - Listening skills.
  - Recovery expertise.
  - Organizational skills.
- Ability to adapt to changing circumstances and situations.
- There is no requirement for IC&RC certification of a recovery coach. MDCH/ODCP currently considers these positions as specially focused staff that are to be supervised by an individual with the appropriate credentials.

### **Training requirements**

Although there is no certification required, the following list of training subjects are required for a coach to have basic knowledge of addiction and addiction services. These trainings should be completed as part of a new hire process. Appropriate continuing education in addiction and recovery supports is required. CAs are responsible for assuring that training is conducted for coaches within their region that addresses the following topics:

- Fundamentals of addiction and recovery.
- Personal safety.
- Ethics.
- Confidentiality.
- Maintaining appropriate relationships (boundary setting).
- CPR/first aid/universal precautions (recommended).
- Individualized treatment and recovery planning.
- Role as a member of a recovery team.
- Cultural competence.
- Recipient rights.
- Communicable disease per MDCH/ODCP policy.

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### Services provided by recovery coaches

Services provided by recovery coaches are based on the individual need(s) of the client and are documented in the treatment plan or in a recovery services plan. The goal of recovery support services is for the individual to establish self-sustaining recovery. With such a goal in mind, services are expected to phase out as the individual gains confidence and the self-assurance to successfully navigate life domains. This progression continues until the individual no longer requires support by the coach.

The following is a list of general services that may be provided by a recovery coach. It is not meant to be all inclusive or meant that all services must be provided. It is meant to provide general descriptions of various services that a coach may help the recovering individual address or get involved in, if the individual's needs require it. These services seek to identify and strengthen existing natural supports for the client and assist the client in developing the skills for sustained recovery:

1. Recovery Planning provides both the recovery coach and the individual an opportunity to jointly assess what services are needed and develop a recovery plan that will be the basis for services provided. The plan will be based on needs identified during the treatment episode, from the relapse prevention plan completed during treatment and by an assessment of needs completed jointly by the recovery coach and individual. This plan will be reviewed and updated as goals are met and new goals are added.
2. Relationships are often lost or severely damaged when the individual has a history of, or is actively using, alcohol or other drugs. The recovery coach may provide services that facilitate working on the relationship between the individual and their support network. If the situation is irreparable the coach and client may instead work on developing a new support network within the recovering community. The goal for these services is to develop social skills needed to maintain relationships.
3. Leisure activities are behaviors or activities from the individual's using past that must be replaced with new activities or behaviors that support their recovery. Many individuals need help to develop a new way of life that does not center on their past addictive behaviors. Examples of services in this area that the coach can assist the client with are working on time management, identifying new leisure and fun activities, assistance in connecting to social activities/hobbies, supporting use of or rehearsing social skills and coaching/helping the person in social situations.
4. Substance use behaviors will always be of concern to an individual who has been through treatment and is working on attaining or maintaining their recovery. The reality is that addiction is a chronic relapsing illness and therefore it can be expected that an individual may relapse and need treatment services. The recovery coach must be educated in relapse prevention and in identifying relapse indicators, so that if needed they can help to make revisions in the relapse prevention plan or address a relapse before it becomes

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severe. The recovery coach must know how to link the individual for re-entry into addiction treatment services.

In the process of assisting the client in the above areas, the recovery coach may also need to provide some basic referral information to the client due to changes the person is making as a result of recovery or as a result of consequences from previous use or abuse of substances. This area seeks to help the client utilize the organizational supports available in the community and requires little involvement from the coach once referral or contact information is identified or provided to the client. As a result, the coach should have some direct awareness of how a client can access a variety of services within their community but does not have to provide support in the areas beyond assistance in identifying or contacting a resource or obtaining a referral, as the client would be expected to be able to follow through with the service. These services may include:

- Transportation – how to access and use public transportation
- Housing – where to go to explore housing resources
- Basic needs – where to go to get help with food or clothing
- Health issues – location of public health offices, free clinics or community mental health offices
- Legal problems – how to access legal aid services
- Employment – location of local employment assistance or training programs
- Education – location of educational resources for completion or continuation of degrees or training

### Recovery Centers

Recovery Centers are facilities that are used as a substance-free location where individuals in recovery can meet and obtain support to maintain their recovery. The recovery center is similar in nature to a drop-in center in the mental health system. It is expected that both recovery center staff and clients abide by confidentiality regulations.

Staffing of a recovery center will vary from setting to setting. All recovery centers must have the services of at least one credentialed substance abuse professional staff to help those individuals who may have clinical needs by arranging access to appropriate clinical services. Other non-clinical staff members may be paid or volunteers. Many recovery centers use individuals who are in recovery and want to give back to the recovery community as volunteers. They provide a wide variety of services depending on their background and experience. These volunteers can work as secretaries, computer programmers, and teachers or in a variety of other functions depending on the needs of the center and the recovery community, and the experiences and resources of the volunteer.

The recovery center seeks to create a community environment for people in recovery. The center provides a place where individuals in recovery can connect to others who are also in recovery. Community agencies may use the center as a place where they can provide services to community members. Social events and self-help meetings are often held at

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recovery centers or are sponsored by the center. The recovery center is a location for activities and services. Individuals who have become more stable and self-sufficient would be most appropriate for services at a recovery center.

Services that may be provided at recovery centers include:

- Emotional support – refers to services that provide empathy, caring and concern to bolster a person's self-esteem and confidence.
  - o Peer-lead support groups
    - Twelve step meetings
    - Non-12 step meetings
    - Support groups for specific populations
- Informational support – refers to the sharing of knowledge and information or providing training. It is expected that recovery centers house services provided by other agencies and community partners.
  - o Space for community resource representatives to meet with people in recovery
    - Medical clinic
    - Legal services
    - Human services
      - Public assistance
      - Emergency assistance
      - Benefits and entitlements
    - Housing referrals
    - Educational applications and financial aid
    - Vocational rehabilitation
  - o Educational
    - GED
    - High School completion
  - o Life skills training
    - Job seeking skills
    - Budgeting
    - Parenting
    - Nutrition
    - Relationship skills
- Direct Support - Services provided by the center either through the use of volunteers, donations or CA funding when no other source is available.
  - o Child care
  - o Transportation
  - o Clothing bank
  - o Food bank



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- o Washer/dryer
  - o Donation center for households items
- Social/Recreational Support
  - o Drop in center
  - o Space for meetings and activities
  - o Sober socialization
  - o Networking
  - o Picnics
  - o Meetings

### Technical Requirements

#### Eligibility for services

In addition to determination of treatment services, a determination must be made in regards to whether or not the client is eligible to receive recovery support services. Of the five eligibility criteria listed below, the first and at least one other must be present in addition to the client's agreement to participate in services.

1. Client is not meeting recovery support needs through services from another eligible service or program (mental health, child welfare, justice system etc.) and needs are or could be met through another service for which the client is eligible, AND
2. Client has a documented need in at least one domain involving community living skills, health care, housing, employment/financial, education or another functional area in that person's life, OR
3. Client has a demonstrated history of recovery failure with or without recovery support services, OR
4. Client has a substance use disorder involving a primary drug of choice that will require longer term involvement in treatment services to support recovery (such as methamphetamine, heroin/opiates, inhalants), OR
5. The chronicity and severity of the client's disorder is such that ongoing support is need to increase the probability of recovery (such as years of use and first involvement with treatment, or co-occurring mental health disorder is present with substance use disorder).

Services can be provided as an adjunct or in addition to another treatment service or level of care, as a step-down from an intensive level of treatment, or as a stand-alone service if eligibility requirements are met. Services are designed to provide the client with the support to maintain recovery during the transition from the intensive, formal services of treatment to self-sustained recovery, but are expected to assist in providing additional support while the client is receiving services in the initial period of treatment.

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### Funding mechanisms

MDCH/ODCP will support the use of state agreement funds for peer recovery/recovery support services through the use of recovery coaches and/or development of recovery centers. Funding for recovery support services is based on local decisions; however other community funding streams must be utilized before MDCH/ODCP can be used.

**Recovery coach** services can be reimbursed by paying for a staff position with a performance-based contract or by units in a fee for service contract.

**Recovery centers** can be reimbursed through an expense based staffing grant, individual vouchers for hours of service, performance based contracting or fee for service. CAs can reimburse agencies for the costs of the facility, costs associated with staffing a center or a combination of both. It is important to remember that MDCH/ODCP funds are to be used only when no other means of support is available. Programs must look to other sources; donations, fund raising and community resources before MDCH/ODCP funds are applied.

### Data and Encounter Reporting

**Recovery coaches** are expected to report encounters for services provided. Admissions and discharges to recovery support services must also be completed for each client entering this service category.

The following encounter codes are applicable for recovery coaches:

<b>Recovery Support Services</b>	<b>T1012</b> - Alcohol and/or drug services; Recovery Support and Skills Development. Activities to develop client community integration and recovery support	Encounter	Line	Institutional or Professional (depends on other payers)
<b>Self-help/peer services</b>	<b>H0038</b> – Self-help/peer services per 15 minutes			Recovery coach

**Recovery centers** will not be required to submit TEDS data or encounter reporting, unless the services provided within the center are funded through the CA and have a data reporting requirement attached to them. (Example: recovery coach)

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